



## Year 7- 9 AARA - Request for Extension of Time for Assessment

*To be arranged with the HOD - Year level at least one week prior to submission.*

|  |                          |
|--|--------------------------|
| Student Name: _____<br>_____   | Subject: _____<br>_____  |
| Teacher: _____<br>_____  | Due Date: _____<br>_____ |
| <b>Reason for Request:</b><br>_____<br>_____<br>_____<br>_____   |                          |
| <b>Evidence / Medical Certificate Attached:</b> YES / NO   |                          |
| Student Signature: _____    Date: _____  |                          |
| Parent/Carer Signature: _____    Date: _____   |                          |
| <ol style="list-style-type: none"> <li>1. Discuss with Class Teacher</li> <li>2. Give to HOD - Year Level</li> </ol> |                          |
| <b>Notes:</b><br>_____<br>_____  |                          |
| <b>Extension Granted:</b> YES / NO <b>Extended Date:</b> _____   |                          |
| <b>Teacher Signature:</b> _____ <b>HOD Signature:</b> _____  |                          |
| <b>Approval:</b> YES / NO <i>Form returned to student.</i>   |                          |
| <b><i>This form must be attached to assignment.</i></b>  |                          |

